

BEST AVAILABLE COPY

MULTIPLE DEPEN CLAI FEE CALCULATION SHEET (FOR USE WITH FO XTO-875)						SERIAL NO.	FILING DATE						
						10 / 539802							
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	1	/			51							
2	/	1	/			52							
3	/	1	/			53							
4	/	1	/			54							
5	4					55							
6	①					56							
7	1					57							
8	1					58							
9	1					59							
10	1					60							
11	①					61							
12	①					62							
13	①					63							
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46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	1	↓	1	↓	↓	TOTAL IND.		↓		↓	↓		
TOTAL DEP.	15	↔	19	↔	↔	TOTAL DEP.		↔		↔	↔		
TOTAL CLAIMS	16		20			TOTAL CLAIMS							